

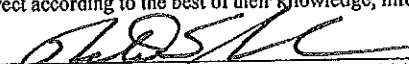
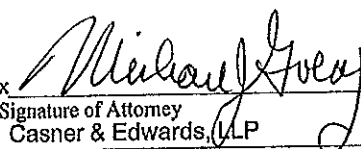
B 5 (Official Form 5) (12/07)

B-5 (Official Form 5) (12/07)	
UNITED STATES BANKRUPTCY COURT District of Massachusetts	INVOLUNTARY PETITION
IN RE (Name of Debtor – If Individual: Last, First, Middle) WOMEN'S APPAREL GROUP, L.L.C.	ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) Boston Apparel Group Chadwicks of Boston
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.): 26-3006772	
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 300 Constitution Drive Taunton, MA 02783	MAILING ADDRESS OF DEBTOR (if different from street address) c/o Monomy Capital Partners, LP 142 West 57th Street, 17th Floor New York, NY 10019 Attn: Daniel Collin and Stephen Presser
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Bristol	ZIP CODE _____
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (if different from previously listed addresses)	
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11	
INFORMATION REGARDING DEBTOR (Check applicable boxes)	
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____
	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other Clothing Distributor
VENUE	FILING FEE (Check one box)
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)	
Name of Debtor	Case Number
Relationship	District
ALLEGATIONS (Check applicable boxes)	
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.	
COURT USE ONLY	

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Name of Debtor WOMEN'S APPAREL (

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div> <p><input checked="" type="checkbox"/> <u></u> Signature of Petitioner or Representative (State title) NL Ventures VII United, L.L.C.</p> <p>Name of Petitioner _____ Date Signed <u>6/28/11</u></p> <p>Name & Mailing _____ Address of Individual <u>Peter S. Carlsen, Pres.</u> Signing in Representative <u>8080 N. Central Expwy</u> Capacity <u>#1220, Dallas, TX 75206</u></p> </div> <div> <p><input checked="" type="checkbox"/> <u></u> Signature of Attorney Casner & Edwards, LLP</p> <p>Name of Attorney Firm (If any) _____ Address <u>303 Congress Street, Boston, MA 02210</u> Telephone No. <u>(617) 426-5900</u></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p><input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) La Vita, Inc.</p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual <u>Sarah Olson, Pres.</u> Signing in Representative <u>24 Mount Vernon Rd.</u> Capacity <u>Montclair, NJ 07043</u></p> </div> <div> <p><input checked="" type="checkbox"/> _____ Signature of Attorney Smith Levenson Cullen & Aylward PC</p> <p>Name of Attorney Firm (If any) _____ Address <u>5 Essex Green Drive, Peabody, MA 01960</u> Telephone No. <u>(978) 532-9494</u></p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <p><input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) Your Label, Inc.</p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual <u>Sarah Olson, Pres.</u> Signing in Representative <u>24 Mount Vernon Rd.</u> Capacity <u>Montclair, NJ 07043</u></p> </div> <div> <p><input checked="" type="checkbox"/> _____ Signature of Attorney Smith Levenson Cullen & Aylward PC</p> <p>Name of Attorney Firm (If any) _____ Address <u>5 Essex Green Drive, Peabody, MA 01960</u> Telephone No. <u>(978) 532-9494</u></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p><input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) Your Label, Inc.</p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual <u>Sarah Olson, Pres.</u> Signing in Representative <u>24 Mount Vernon Rd.</u> Capacity <u>Montclair, NJ 07043</u></p> </div> <div> <p><input checked="" type="checkbox"/> _____ Signature of Attorney Smith Levenson Cullen & Aylward PC</p> <p>Name of Attorney Firm (If any) _____ Address <u>5 Essex Green Drive, Peabody, MA 01960</u> Telephone No. <u>(978) 532-9494</u></p> </div> </div>	
PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
NL Ventures VII United LLC, 8080 N Central Expwy, Dallas,	Breach of Lease	52,379,140.27
Name and Address of Petitioner	Nature of Claim	Amount of Claim
La Vita, Inc., 24 Mt. Vernon Rd. Montclair, NJ 07043	Goods Sold	15,686.50
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Your Label Inc., 24 Mount Vernon Rd., Montclair, NJ 07043	Goods Sold	360,863.25
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 52,755,690.02

☒ continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor WOMEN'S APPAREL C

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<p><i>Signature of Petitioner or Representative (State title)</i> NL Ventures VII United, L.L.C.</p> <p><i>Name of Petitioner</i> _____ <i>Date Signed</i> _____</p> <p><i>Name & Mailing Address of Individual Signing in Representative Capacity</i> Peter S. Carlson, Pres. 8080 N. Central Expwy. #1220, Dallas, TX 75206</p>	<p><i>Signature of Attorney</i> _____ <i>Date</i> _____ Casnor & Edwards, LLP</p> <p><i>Name of Attorney Firm (If any)</i> 303 Congress Street, Boston, MA 02210</p> <p><i>Address</i> (817) 428-5900</p> <p><i>Telephone No.</i> _____</p>	
<p><i>Signature of Petitioner or Representative (State title)</i> Sarah Olson, Pres.</p> <p><i>Name of Petitioner</i> _____ <i>Date Signed</i> _____</p> <p><i>Name & Mailing Address of Individual Signing in Representative Capacity</i> Sarah Olson, Pres. 24 Mount Vernon Rd. Montclair, NJ 07043</p>	<p><i>Signature of Attorney</i> _____ <i>Date</i> _____ Smith Lovenson Cullen & Aylward PC</p> <p><i>Name of Attorney Firm (If any)</i> 5 Essex Green Drive, Penbody, MA 01960</p> <p><i>Address</i> (978) 532-0494</p> <p><i>Telephone No.</i> _____</p>	
<p><i>Signature of Petitioner or Representative (State title)</i> Your Label, Inc.</p> <p><i>Name of Petitioner</i> _____ <i>Date Signed</i> _____</p> <p><i>Name & Mailing Address of Individual Signing in Representative Capacity</i> Sarah Olson, Pres. 24 Mount Vernon Rd. Montclair, NJ 07043</p>	<p><i>Signature of Attorney</i> _____ <i>Date</i> _____ Smith Lovenson Cullen & Aylward PC</p> <p><i>Name of Attorney Firm (If any)</i> 5 Essex Green Drive, Penbody, MA 01960</p> <p><i>Address</i> (978) 532-0494</p> <p><i>Telephone No.</i> _____</p>	
PETITIONING CREDITORS		
<p><i>Name and Address of Petitioner</i> NL Ventures VII United LLC, 8080 N Central Expwy, Dallas,</p>	<p><i>Nature of Claim</i> Breach of Lease</p>	<p><i>Amount of Claim</i> 52,379,140.27</p>
<p><i>Name and Address of Petitioner</i> La Vita, Inc. 24 Mount Vernon Rd Montclair NJ 07043</p>	<p><i>Nature of Claim</i> Goods Sold</p>	<p><i>Amount of Claim</i> 16,688.60</p>
<p><i>Name and Address of Petitioner</i> Your Label Inc., 24 Mount Vernon Rd., Montclair, NJ 07043</p>	<p><i>Nature of Claim</i> Goods Sold</p>	<p><i>Amount of Claim</i> 360,863.25</p>
<p>Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.</p>		<p>Total Amount of Petitioners' Claims 52,755,690.02</p>

☒ continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor WOMEN'S APPAREL (

Case No. _____


TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>NL Ventures VII United, L.L.C.</u></p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____</p>	<p><input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ <u>Casner & Edwards, LLP</u></p> <p>Name of Attorney Firm (if any) _____ <u>303 Congress Street, Boston, MA 02210</u></p> <p>Address _____ <u>(617) 426-5900</u></p> <p>Telephone No. _____</p>	
<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>La Vita, Inc.</u></p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____</p>	<p><input checked="" type="checkbox"/> Signature of Attorney <u>Brian Aylward</u> Date <u>6/28/11</u> <u>Smith Levenson Cullen & Aylward PC (BPO 552296)</u></p> <p>Name of Attorney Firm (if any) _____ <u>5 Essex Green Drive, Peabody, MA 01960</u></p> <p>Address _____ <u>(978) 532-9494</u></p> <p>Telephone No. _____</p>	
<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Your Label, Inc.</u></p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____</p>	<p><input checked="" type="checkbox"/> Signature of Attorney <u>Brian Aylward</u> Date <u>6/28/11</u> <u>Smith Levenson Cullen & Aylward PC (BPO 552296)</u></p> <p>Name of Attorney Firm (if any) _____ <u>5 Essex Green Drive, Peabody, MA 01960</u></p> <p>Address _____ <u>(978) 532-9494</u></p> <p>Telephone No. _____</p>	
PETITIONING CREDITORS		
<p>Name and Address of Petitioner <u>NL Ventures VII United LLC, 8080 N Central Expwy, Dallas,</u></p>	<p>Nature of Claim <u>Breach of Lease</u></p>	<p>Amount of Claim <u>52,379,140.27</u></p>
<p>Name and Address of Petitioner <u>La Vita, Inc., 24 Mount Vernon Rd., Montclair, NJ 07043</u></p>	<p>Nature of Claim <u>Goods Sold</u></p>	<p>Amount of Claim <u>15,686.50</u></p>
<p>Name and Address of Petitioner <u>Your Label Inc., 24 Mount Vernon Rd., Montclair, NJ 07043</u></p>	<p>Nature of Claim <u>Goods Sold</u></p>	<p>Amount of Claim <u>360,863.25</u></p>
<p>Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.</p>		<p>Total Amount of Petitioners' Claims <u>52,755,690.02</u></p>

☒ continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor Women's Apparel Group

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> <u>Cindy Vito, Pres.</u> Signature of Petitioner or Representative (State title) <u>Suburban Service Corporation</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity <u>Cindy Vito, Pres.</u> <u>918 Pleasant St, Ste 5</u> <u>Norwood, MA 02062</u>	<input checked="" type="checkbox"/>  Signature of Attorney _____ Date _____ <u>Law Offices of Marianne E. Brown</u> Name of Attorney Firm (If any) _____ <u>22 Mill Street, Ste 408</u> Arlington, MA 02476 Address _____ <u>(339) 368-6208</u> Telephone No. _____	
<input type="checkbox"/> _____ Signature of Petitioner or Representative (State title) Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	<input type="checkbox"/> _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
<input type="checkbox"/> _____ Signature of Petitioner or Representative (State title) Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	<input type="checkbox"/> _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner <u>Suburban Service Corp, 918 Pleasant St #5, Norwood, MA</u>	Nature of Claim <u>HVAC Services</u>	Amount of Claim <u>48,469.88</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>52,755,690.02</u>

_____ continuation sheets attached